

NOTIFICATION OF INDIVIDUALIZED EDUCATION PROGRAM MEETING

DATE: _____

TO: _____
(Parent)

ADDRESS: _____

On behalf of: _____
(student's name)

An Individualized Education Program meeting has been scheduled for (proposed meeting date, time and place) _____

We must meet with you to develop your child's educational plan. It is very important that you attend this meeting. With your input, we can develop an individualized education plan that is appropriate for your child. If you would like, you may review your child's education records prior to the meeting.

At the IEP meeting we will be discussing:

1. Your child's present levels of performance and educational needs;
2. Any special education and related services and supplementary aids and services which your child may require;
3. Appropriate annual goals; and
4. The extent of your child's participation in the general curriculum and/or necessary modifications.

In addition to you, the following people will be in attendance at the IEP meeting:

1. _____, a general education teacher of your child;
2. _____, a special education teacher;
3. _____, a school representative; and
4. the following individuals who can help explain the evaluation results or who have special knowledge or expertise regarding you child or services that may be needed;

_____.

In addition to the people we have invited, at your discretion, you may invite other individuals who have knowledge or special expertise regarding your child. The determination of whether the person has special knowledge or expertise will be made by the party inviting the individual to be a member of the IEP team.

If your child is at least 14 years old (or younger if appropriate), the local school district will begin to help him/her to plan for the future after leaving school. The needs of your child in this area will be addressed at our meeting. Your child is invited to this meeting. Staff from other agencies which may be able to provide appropriate services also will be at our meeting. Their names and the agencies they represent are shown below.

If the above date, time or place is not agreeable to you; if you would like to schedule an appointment to review your child's records; or if you have any questions regarding your rights, please contact:

_____ at _____ immediately.
(name) (phone)

PROCEDURAL SAFEGUARDS TO PROTECT PARENTS' RIGHTS

Both state and federal laws concerning the education of children with disabilities include many parental rights. Receiving notices of action the school wants to take in regard to your child and being a part of your child's educational planning team are examples of the rights these laws give you. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights.

A copy of your rights is provided with this Notice. You should read them carefully and, if you have any questions regarding your rights, you may contact: _____
at _____

RESPONSE FORM

(student's name)

(date sent)

_____ I plan to attend the meeting as scheduled.

_____ I am unable to attend the meeting as scheduled and I would like to schedule the meeting at the following date, time and place.

I have been fully informed of all information relevant to the proposed meeting and I understand the purpose of the meeting. I also have been provided a statement of my parental rights and procedural safeguards.

(Parent)

(Date)

(Parent)

(Date)

Please sign and date this form and return it to:

School Contact:

Address:

City/State/Zip Code:

Phone:
